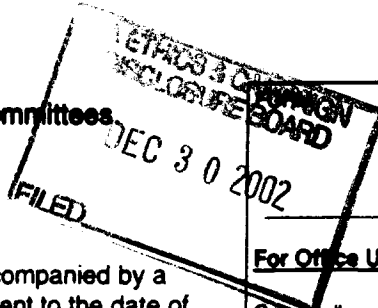


FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.



Scott
(Rev. 02/96)
DR-3
NOTICE OF
DISSOLUTION

For Office Use Only

Comm. # 17369-A
Indexed ☒
Audited ☐
Computer ab
Certified Date of Dissolution _____

COMMITTEE NAME

Official Name of Committee	
<u>Adamson For Supervisor</u>	
Street	
<u>4260 Winston Pl</u>	
City, State, Zip Code	
<u>Betten dorf, IA 52722</u>	
Area Code	Telephone
<u>5631</u>	<u>332-4271</u>

Effective date of dissolution:

December 13 2002

Gary R. Hansen
Signature of Treasurer
12-16-2002
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

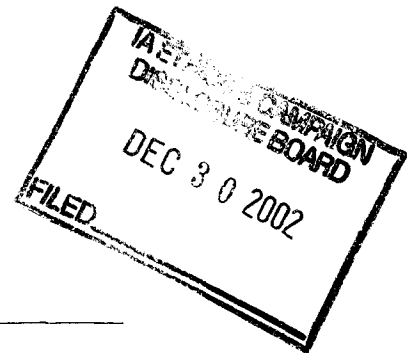
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Gregory P. Adamson
Signature of Candidate - Required for Candidate's Committee
12-16-02
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

CLOSED ACCOUNT REPORT
QUAD CITY BANK & TRUST



DATE 12-13-02

ACCOUNT NAME Gregory Adamsen For Supervisor

ADDRESS 4260 Winston Pl

Bettendorf IA 52722

PHONE _____

ACCOUNT NUMBER 3620580

ACCOUNT TYPE

checking

savings

money market

certificate of deposit

CLOSING AMOUNT 1897.35

DOES CUSTOMER HAVE?

LINE OF CREDIT

ATM CARD

DIRECT DEPOSIT

AUTO TRANSFER

REASON FOR CLOSING

renewal/reissue

moving

dissatisfied

rates and service charge

deceased

lost or stolen checkbook

other (explain)

OUTSTANDING CHECKS TO BE PAID

CHECK NUMBER _____ DOLLAR AMOUNT _____

FUNDS DISPERSED

by cashiers check

cash

transfer to another account

transfer to new account

transferred to what institution

CUSTOMERS SIGNATURE

EMPLOYEE'S NAME

change statement to print no activity statement to N
completed on _____

CLOSE OVERRIDE?